



Date: May 1, 2015

DLTC Numbered Memo 2015 - 01

To: CIP II/COP Waiver Agencies

From: Division of Long Term Care, Bureau of Managed Care

New Recertification Assurance Requirements for CIP II/COP-W

Document Summary

Recertification requirements are changing to address policy instruction from the Centers for Medicare and Medicaid Services (CMS) that certain administrative activities must operate similarly in CIP I and CIP II/COP-W, and that the Department must assure that locally processed recertifications are complete, accurate, and timely. This memo provides direction to agencies as to the implementation of new requirements for documenting annual program eligibility recertification for CIP II and COP-W participants.

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Who This Applies To

New requirements announced in this memo apply to CIP II and COP-W programs that are *not* transitioning to managed care (i.e., Family Care or IRIS) in CY2015. Agencies that are transitioning to managed care in calendar year 2015 will continue to follow requirements currently in effect for CIP II/COP-W recertifications until their transition is complete.

New Policy and Process

Effective May 1, 2015 CIP II/COP-W agencies not set to transition to managed care in CY2015 must use the Recertification Assurance Form ([F-20946](#)) for all recertification's conducted 'in house' at the waiver agency. Agencies will continue to document and verify functional and financial eligibility as is currently required. **The change will be that the recertification process will involve one additional activity: the completion and submission of the Assurance Form [F-20946](#).**

Summary

Agencies transitioning to managed care in CY2015 will continue to perform recertification activities as they have been performing them.

Agencies not transitioning to managed care in CY2015:

- Group A participants: Agency must submit Form [F-20946](#) for each participant at recertification.
- Group B participants: If the agency is currently sending the full recertification packet to TMG, **continue to send the full packet**. The Assurance Form is not required when the full packet is submitted. If the

agency had received Department approval to perform an 'in-house' recertification for Group B participants, then the agency must submit Form [F-20946](#) for each participant at recertification.

- Group C participants: If the agency is currently sending the full recertification packet to TMG, **continue to send the full packet**. The Assurance Form is not required when the full packet is submitted. If the agency had received Department approval to perform an 'in-house' recertification for Group C participants, then the agency must submit Form [F-20946](#) for each participant at recertification.

Email Submission of Recertification Form ([F-20946](#))

Form [F-20946](#) has been modified to make it a Word fillable form, and it may be completed, and submitted by email. The mailing address and FAX number are provided on the form for those agencies preferring to send paper copy.

If submitting by email, please send using secure mail. The required names may be added using one of these methods:

- Type name in the field
- Insert scan (e.g., .GIF or .JPG, etc.) of the name
- Scan and send the signed and dated paper form

REGIONAL OFFICE CONTACT:

CENTRAL OFFICE CONTACT: Sandy Blakeney
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MEMO WEB SITE: <https://www.dhs.wisconsin.gov/dltp/memos/index.htm>

Attachment: RECERTIFICATION ASSURANCE – COP-W/CIP II (Form [F-20946](#))